

Absolute Home Care Kent Limited







Absolute Home Care

Inspection report

Aylesford Medical Practice
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Date of inspection visit: 15 July 2014
Date of publication: 10/02/2015

Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced. 48 hours notice of the inspection was given because the service is small and the managers are often out of the office supporting staff. We needed to be sure that the managers and staff we needed to speak to were available.

Absolute Home Care is a domiciliary care agency that offers personal care to 38 older people living in their own homes. The service focuses on independence, dignity, enhancing quality of life and supporting adults with end

Summary of findings

of life care. Palliative care otherwise known as end of life care is comfort care for people with serious illness which focuses on providing relief from the symptoms or pain of the illness.

There were two registered managers in post at the time we visited. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the agency.

Staff knew how to protect people from harm and what to do if safeguarding concerns were raised. They followed policies and procedures and demonstrated their understanding of safeguarding and protecting people they supported.

There were enough qualified, skilled and experienced staff to meet people's needs. The manager followed safe recruitment practices.

The provider was effective. Staff told us that they received opportunities to meet with their line manager to discuss their work and performance.

Where the staff prepared and cooked food for people, they were involved in choosing what they wanted to eat. Individual care plans provided staff with guidance about people's nutritional needs.

People told us they were happy with the care provided by Absolute Home Care. Everyone we spoke with expressed their satisfaction with the provider. People said they were treated with kindness and compassion in their day-to-day care. They commented, "They cannot do enough for me I am given total dignity and respect".

People's care needs were assessed before they received a service. One of the managers visited people in their home before they received a service.

People were made aware of the complaints system. Absolute Home Care Agency had a complaints policy and procedure. The procedure was in the service user's handbook given to people when they started receiving care from the agency.

The service worked well with other agencies and services to make sure people received their care in a joined up way. We contacted health professionals who told us that Absolute Home Care provided care of the highest standard to people.

Quality was integral to the provider's approach and they were aware of potential risks to the quality of the service. The provider had a robust quality assurance system in place, which was used to drive continuous improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Detailed risk assessments were in place to manage potential risk of harm to people.

There were enough qualified, skilled and experienced staff to meet people's needs.

Good



Is the service effective?

The service was effective.

People were cared for by staff who had undertaken training and had the skills to enable them to meet people's care needs.

Staff had regular supervision and appraisals with their line manager to discuss their work and performance.

Staff supported people with their healthcare appointments by liaising with other healthcare professionals as required through referrals if they had concerns about a person's health.

Good



Is the service caring?

The service was caring.

People told us they were happy with the care provided by Absolute Home Care. People told us they are treated with kindness and compassion in their day-to-day care.

Staff were knowledgeable about how to support each person in ways that were right for them.

People were involved in making decisions about their care and the support they received.

Good



Is the service responsive?

The service was responsive.

People were given appropriate information and support regarding their care or treatment. Before care began, people's care needs were assessed.

People were supported to be involved, as much as they were able to, in the assessment of their needs and have choice about who provided their personal care.

We saw that people were made aware of the complaints system. Staff knew what to do if someone approached them with a concern or complaint.

Good



Is the service well-led?

The service was well led.

There was an emphasis on support, fairness, transparency and an open culture. Staff were supported to question bad practice.

Good



Summary of findings

The two registered managers were accessible in the office throughout the week by staff and people.

Quality was integral to the provider's approach and they are aware of potential risks to the quality of the service. The provider had a robust quality assurance system in place, which is used to drive continuous improvement.

Absolute Home Care

Detailed findings

Background to this inspection

We inspected on 15 July 2014. Our inspection team was made up of one inspector and one expert-by-experience who carried out phone interviews which is how we obtained people's views. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our experts by experience had hospital support experience, and experience of supporting family and friends with health care problems.

As part of our inspection, we spoke with twenty eight people, relatives, two support workers, one supervisor and the two registered managers. We also contacted health and social care professionals who provided health and social care services to people. These included community nurses, speech and language therapist, local authority care managers and commissioners of services.

We looked at a range of records about people's care and how the service was managed. This included four people's care records including risk assessments, daily visits notes and two staff files.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. We reviewed our records including correspondence, notifications, which is information about important events which the service is required to tell us about by law and safeguarding alerts received by CQC and previous inspection reports.

At our last inspection on 09 July 2013 there were no concerns.

Is the service safe?

Our findings

People told us that they felt safe at all times with the staff who came to their homes and had no concerns. People said, "I give them 10 out of 10" and "If I ever need a care agency I will have them because they had always responded to my needs".

Staff knew how to protect people from harm and what to do if safeguarding concerns were raised. They followed policies and procedures and demonstrated their understanding of safeguarding and protecting people they supported. They understood and gave examples of what constituted abuse. They knew how and to whom they should report any concerns that they had about the welfare of people in their care. A member of staff said, "I have done safeguarding training. If there is an allegation of abuse, I will report it to the manager immediately, write it down, inform social services and I could inform Care Quality Commission (CQC) too". Care staff said that they felt confident that any concerns that they reported would be acted upon by management. We spoke with the manager who told us that all safeguarding issues are referred to social services without delay. They also knew how to whistle blow if the manager did not take their concerns seriously. The provider had a whistle blowing policy which stated that the provider encouraged people to raise concerns and that they would deal with concerns in an open and professional manner. Training records showed that the provider ensured all staff had been trained on whistle blowing.

There were processes in place for keeping people safe. There was a safeguarding adults protection policy, which detailed what actions would be taken by the provider to help keep people safe. Safeguarding contact information for referrals and notifications were seen on file.

The provider operated an on call system, which would respond to any concerns including any safeguarding incidents outside office hours on weekdays and at weekends. A member of staff confirmed this and said, "We call the agency phone number in times of emergency and the manager is always available". We saw an example of a text message that was sent to staff by the management reminding them of who was on call for the week and so available to provide support.

People's care records contained a personal support plan and a health care plan. These contained information about each person's needs and were written in a user friendly way. People who received a service from Absolute Home Care Agency were supported to participate in their support plan as far as possible, which included risk assessment. Risk assessments clearly detailed the support needs, views, wishes, likes, dislikes and routines of people in the records we looked at. However, they did not include how to identify any action that would be needed to be taken and the timescale in which it would be completed to ensure that any risks were minimised. The managers showed us a revised risk assessment template which they had already devised. This took specific needs, levels of concern, risks and how to manage the risks into consideration. We were informed that this new template, which had been developed and produced by the provider to further improve their service had recently first been implemented.

There were enough qualified, skilled and experienced staff to meet people's needs. One person said, "The live up to the company name Absolute Care, that's what they give me at all times". Another person said, "The staff are so smart, knowledgeable and clean in their uniforms. They are so well turned out even their hair is clean and tidy at all times". People told us that staff were very punctual and management were responsive to their needs at all times. For example, if visit times, staff or care was altered, they responded immediately.

The provider followed safe recruitment practices. Staff files included completed application forms and all other required documentation. Records showed that staff had been interviewed as part of the recruitment process. Each file contained evidence of satisfactory pre-employment checks such as disclosure and barring services checks and references. Files also contained proof of identity such as copies of passports, driving licences and birth certificates. The provider had systems in place to check that staff's own cars were appropriately insured and had ministry of transport (MOT) test certificate, as they used them as part of their day to day work.

Is the service effective?

Our findings

People told us the service was effective. They said, “If they are running late because of traffic as they need to travel from one person to another, we always get a call either from management or the girls”.

The provider promoted good practice by developing the knowledge and skills staff required to meet people’s needs. The staff training plan showed that all staff had been trained. Information in staff files demonstrated that newly recruited staff had qualifications such as national vocational qualifications (NVQ), which enables staff to carry out their roles effectively. Staff undertook additional training courses outside of the training required by the provider to develop their skills and knowledge. For example, there were members of staff who studied part time at the University to enhance their knowledge and skills. One staff said, “I am currently doing social work Masters degree in the University, which gives me more knowledge in the field”.

Staff told us that they met with their line manager to discuss their work and performance. One member of staff said, “I had my supervisions with the supervisor in June 2014, which allowed me to discuss how my work is going and any developmental needs I may have”. The manager confirmed this in the PIR we received which stated, “We have supervisions every three months”.

Daily records were completed by the staff, and provided a picture of the person’s day. This included the personal care given, the person’s mood, activities carried out, health needs, and the food they had eaten. Where staff prepared and cooked food for people, they were involved in choosing what they wanted to eat. Individual care plans provided staff with guidance about peoples nutritional needs. For example, we saw specific guidance for staff in relation to people on fortified drinks, how many units they should drink in a day and these were recorded in the daily records.

The daily records were correctly signed, timed and dated. Staff had time to read daily notes before their shift started, to ensure that they were kept up to date with people’s changing needs. A member of staff we spoke with said, “I find out about the needs of the people by reading the care plan and medical information at every visit as there can be

updates and reviews we need to consider”. The manager also said, “We give staff enough time between two visits to allow them to adequately meet the needs of the people”. The daily records for each care visit contained detailed information, and showed how people were being cared for. They showed how staff monitored personal hygiene and highlighted any issues of concern. The daily records also cross referenced with the care detailed in peoples’ individual plans. These care notes were a valuable record of the care provided and gave a record of peoples’ wellbeing and any action that had been taken.

People feel comfortable to discuss their health needs with staff. Records showed people had regular contact with their GPs and other healthcare professionals. People discussed changes in their health with staff and we found that referrals were quickly made to relevant health services as appropriate. A member of staff said, “If people we support for example are becoming more frail, I will report it to the office to get support for them”. We spoke with professionals who were supporting people using the service and we were informed that people were supported to maintain good health. They told us that staff contact the Doctor or other healthcare professionals immediately via phone if staff have concerns regarding the people or if they want to discuss further referrals to other colleagues such as occupational therapist. They told us that the registered managers and staff do their utmost to rehabilitate people where it is possible to do so.

Staff were knowledgeable about people’s nutritional needs. We heard comments such as, “I have been trained on food preparation and hygiene, which helps me in meeting people’s needs. I ensure people have enough fluids before and after they have eaten. Also, if someone is diabetic, I will encourage them to eat appropriate food based on guidelines” and “For some people, I watch what they eat in order to make sure they eat enough and also drink enough based on their care plans”.

People’s care records showed that the provider included nutrition as part of people’s plan of care. They had ‘food and drink support plan seen in place’, which showed entries such as, ‘this person needs food prepared, then eats independently’ and ‘Staff to give certain amount of fluid at each visit’. The daily log we saw confirmed that staff followed this plan to meet people’s nutrition needs.

Is the service caring?

Our findings

People said they were happy with the care provided by Absolute Home Care. Everyone we spoke with expressed their satisfaction with the provider. People said they are treated with kindness and compassion in their day-to-day care. They commented, “They cannot do enough for me. I am given total dignity and respect”, “They are so polite, caring and respectful to me”

People gave their views on how well the staff provided appropriate care. They said their support needs were met and they had confidence in the staff members who visited them. People told us that staff showed concern for their wellbeing in a caring and meaningful way and respond to their needs at the time they needed it. One person said, “They make my relative laugh and smile, which she has not done in years. It makes me smile to see her smile”.

Staff were knowledgeable about how to support each person in ways that were right for the individual. The staff were able to discuss the needs of people and the ways in which individuals were supported. Staff told us, “People have different needs, so the support needs are different. If one person for example is becoming more frail, I will report it to the office for reassessment. In the case of incontinence, I will ask for the incontinence nurse input and any changes are fed back through the care plan. We promote and empower the people who use our agency. We ensure their privacy and dignity by making sure the person who uses the service tells us how and when they want things done”. This meant that staff listened and acted on people’s changing needs as at when needed. One person said, “If I ever need a care agency for increased needs in the future and I am given a choice of agencies, I will have them”.

Staff told us how they involved people in their care. Comments included, “We involve the people through making decisions for themselves. We ensure we give them choices on what they want” and the manager said, “We do involve the people through spot checks visits, reviews of care plans, assessments and phone calls to people regarding their needs”. We saw evidence of people’s involvement in their daily logs, where people and family

wrote messages for staff. People also said, “At all times the staff were so caring and could not do enough for me and sometimes my family too in our time of need and at all times”. Staff said, “We promote them and empower them. We let them do what they can and support them to go out if they wish”.

The care plans had information about each person’s initial assessment and important people in their lives. Staff cared for people in the way that was set out in their care plans. The care records showed staff gained knowledge about people’s likes and dislikes over a number of years. For example, a member of staff said, “We meet their needs by getting to know them, reading the care plan and medical information as there can be updates and reviews we need to look at. We also ask the person about their needs”.

People were assured that information about them is treated confidentially and respected by staff. People were provided the ‘Service user guide’ which told them how their information would be used or shared. Records of people and staff were stored confidentially. All the records that we viewed were up to date, had been suitably completed, and were appropriately dated and signed.

Evidence in the staff training records and PIR received indicated that all staff were trained on equality and diversity. There were policies and procedures about upholding people’s rights and making sure diverse needs are respected and met. Members of staff demonstrated that they fully understood and followed these policies. For example, members of staff said, “The client dictates to us how they want things done and we respect this” and “We respect people’s beliefs and their decisions and how they want to receive care, treatment and support. For example, some people do not eat certain type of meat because of their religious values and belief. We respect these decisions and assist them with their preferred food”.

Absolute Home Care ‘Service Users’ Handbook’ seen contained information on privacy & dignity. There were policies on confidentiality, choice, consent to examination, privacy and human rights. There were guidelines for staff on how to promote people’s dignity and respect while providing care and support. Relatives told us that people were treated with dignity and respect.

Is the service responsive?

Our findings

One person said, “Absolute Home Care had always responded to my needs. Staff spent more than allocated time with me if I requested them to do so, which is good”.

People's care needs were assessed before they received a service. Care records showed that one of the managers visited people in their home before they received a service. The managers told us, “We carry out a full initial assessment before commencing any service. We then develop a care plan and risk assessment for the person. We liaise with professionals regarding additional support that might be needed”. The managers used the information to make a decision about whether they could meet people's needs.

People were given appropriate information and support about their care or treatment. Before care began, the service provided a booklet that included the service's statement of purpose and comprehensive information. This information included the range of services available, their cost, the service's assessment, review process, the service's equal opportunities policy and the complaint procedures. The manager carried out various assessments”, which looked at moving and handling aids in use, current medical treatment, communication, continence, known allergies and dietary needs. These enabled the provider to personalise people's care, which ensured their needs were met. Care records contained service consent records which were completed, signed by the person or their representatives.

People were supported to be involved, as much as they were able to, in the assessment of their needs and have choice about who provided their personal care. A member

of staff described how people were involved in their care, which included offering people a choice of where they wanted to spend their time in their home, which was either in the living room area or in their bedroom. Staff told us that people were sometimes supported to go out in the community if this was part of their care package.

The provider had a complaints policy and procedure. The procedure was in the service user's handbook given to people when they started receiving care. The complaints policy contained information on timescales for responding to a complaint, information on how to complain for example, where to write to, whom to ring and what would happen if their complaint remained unresolved locally. Details of other agencies people could contact were in the policy. One relative commented ‘I cannot fault them and I have never made a complaint. As a relative, they ask how I am too. If I am low they make my day too coming in to see my partner. They care about me too’. The staff we spoke with told us that they were aware of the complaints policy and procedure as well as the whistle blowing policy. They knew what to do if someone approached them with a concern or complaint and had confidence that the manager would take any complaint seriously. A member of staff said, “I am aware of the complaints policy and procedure. Relatives can contact the office to complain if they wish to. We also encourage them to speak to the supervisor or manager if required.” The supervisor also said, “We hand staff the complaints procedure at induction and go through the steps clients' needs to take with them. Also when a new client joined the company, we go through the complaint leaflet we give them to enable them make a complaint whenever required”. We looked at the complaint log and found there had not been any complaint made, which the registered manager confirmed.

Is the service well-led?

Our findings

People told us the provider was, “Excellent, caring, service was well managed and staff are polite”.

Health care professionals told us that Absolute Home Care managers and staff were ‘very professional and caring. The service was very well managed and confidentiality is upheld at all times. The people are always happy and speak very highly of the whole team’. They further said they had no concerns at all and that they appear to run a very professional service and if they have any concerns they will always contact them for advice. Palliative care professionals we contacted told us that the Palliative people supported by the provider were looked after very well and they go above and beyond to assist and support the families. They said the provider followed advice given and made suggestions if they felt there was a way around a problem.

Staff told us that there was an emphasis on support, fairness, transparency and an open culture. Staff said they were supported to question practice. Comments from staff surveys included, “I always feel valued and listened to” and “I feel involved with the clients”. The service had a system to manage and report accidents and incidents and staff were encouraged to report them. We saw that accident records were kept and audited monthly to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of the quality assurance. Staff made comments such as, “We document all incidents using the incident/accident record sheet and report it to the managers who will investigate”. For example, one person’s record contained details such as time and date of the incident, how the incident happened, name of witness, details of injury and the immediate action taken, which in this case was to call for family support as stated in their care plan. The audit highlighted missed ‘post incident review’, which was meant to support staff after the incident. This showed that the audit was effective.

There were two registered managers in post. Both managers were responsible for the day to day management of the agency and they were supported by an in house trainer/supervisor. People and their relatives told us they knew the management team well, saw them often and told us they felt comfortable speaking with them. Palliative Care professionals also commented that,

‘communication was effective and the provider persist if the professionals do not respond in a reasonable time frame’. Staff told us their managers were approachable, valued their opinions and treated them as part of the team. For example, they said if they needed to get more help such as incontinence care for the person they supported, the management always acted on this. They further said, “We are fully supported by open and experienced managers. They support all their staff at all times”.

People, their representatives and staff were asked for their views about care and treatment in June 2014 and these were acted upon. Questionnaires were developed to gain people’s views on the quality of service provided. The returned questionnaires were collated and analysed by the managers. The result was all positive and stated that people were happy with the service provided. Comments from families included, “I am very pleased with the service provided. Excellent service. Very professional” and “I would like to say that during the short time I have received care and support from Absolute Home Care staff, the staff have always been professional and provided exceptional support”.

Quality was integral to the provider’s approach and they were aware of potential risks to the quality of the service. The provider had a robust quality assurance system in place, which was used to drive continuous improvement. This included audits of staff training and incidents and accidents. The manager told us that they carried out spot checks on staff and people regularly and observed staff practice, which focused on care provided during visits, potential areas of improvement and the quality assurance system. The supervisor said, “I carry out spot checks weekly and use the roster to plan these. If I identify a bad practice from staff such as not following specified care plan that was in place, I will notify the manager and get the carer in immediately to be addressed. This may be additional support or training, or in serious cases disciplinary action. I observe when I visit and do supervision too”. The supervisor told us that they use the opportunity to speak with people who used the service and listen to their views on the support they receive.

Staff were confident in the management team and understood their roles and responsibilities to the people they supported. Regular staff meetings gave staff the opportunity to make suggestions and raise any questions or concerns. We looked at the minutes of the meeting and

Is the service well-led?

found that a variety of areas were discussed, including needs of the people including updates on their care, supervisions, on call, communication with people, health and safety, care plan, medication and CQC visits. The staff meeting was also used to promote training updates for staff which would further enable them to meet people's needs. For example, we saw that 'stoma care and palliative care updates' was carried out by a health care professional

in the minutes of the meeting we looked at. Issues such as missed visits were also discussed and action plan was created to avoid future occurrences. For example, we read how this had been discussed with the staff involved in relation to the people involved. As a result of these meetings, people received better quality of professional care as staff improved their skills and knowledge.